

# Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment  
☐ Yes ☒ No

## 1. Committee Information

a. Full Name

FINK FOR SCHOOL BOARD

c. ID Number

ICD85N

b. Mailing Address (include City, State and Zip Code)

C/O 4160 CINNAMON RUN  
NEW BERN, NC 28562

d. Date Organized

12/16/2015

e. Phone Number

5089441068

## 2. Candidate Information

a. Full Name

KAREN KIMBERLY FINK

☒ Candidate's Primary Committee

c. Candidate ID Number

ICD85N

f. Party Affiliation

NON PARTISAN

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

646 GOOSE CREEK RD  
NEW BERN, NC 28562

g. Office Sought

CRAVEN COUNTY SCHOOL BOARD DIST 5

c. Phone Number

2526330191

d. Email Address

FINK@SUDDENLINK.NET

h. Next Election Year

2016

i. Jurisdiction

DISTRICT 5

☒ Email copy of notices

## 3. Treasurer Information

a. Full Name

ROBERT M GRISWOLD

## 4. Custodian of Books Information

a. Full Name

ROBERT M GRISWOLD

b. Mailing Address (include City, State, and Zip Code)

4160 CINNAMON RUN  
NEW BERN, NC 28562

b. Mailing Address (include City, State, and Zip Code)

4160 CINNAMON RUN  
NEW BERN, NC 28562

c. Phone Number

5089441068

d. Email Address

RGRISWOL@AOL.COM

c. Phone Number

5089441068

d. Email Address

RGRISWOL@AOL.COM

I prefer to receive notices by email ☒ Yes ☐ No

☒ Email copy of notices

## 5. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of notices

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

BB & T

☒ Add  
☐ Remove

b. Purpose

CHECKING ACCOUNT

c. Account Code

5

d. Type

CHECKING

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

ROBERT M GRISWOLD

Printed Name of Signer

Robert M Griswold

Signature of Appointed Treasurer

12/19/2015

Date





North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

**This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.**

**This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.**

#### FILED BY:

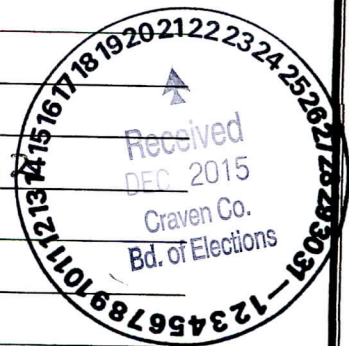
Committee Name: FINK FOR SCHOOL BOARD

Treasurer Name: ROBERT M GRISWOLD

Treasurer Address: 4160 CINNAMON RUN  
NEW BERN, NC 28562

(include city, state, & zip)

Treasurer Phone: 508-944-1068



#### Check One:

☐ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

**THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

☒ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12/19/2015  
Date Signed

Robert M. Griswold  
Signature





North Carolina  
State Board of Elections

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**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Candidate Name:

Kim Fink

Treasurer Name:

ROBERT M GRISWOLD

Treasurer Address:

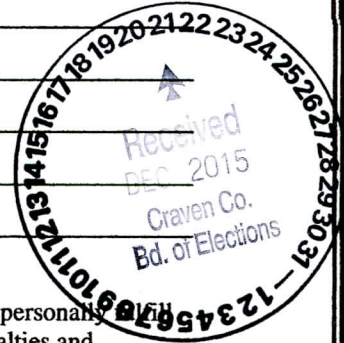
4160 CINNAMON RUN

(include city, state, & zip)

NEW BERN, NC 28562

Treasurer Phone:

508-944-1068



I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally perform the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

12-16-15

Date Signed

Karen K Fink

Signature of Candidate

